

JUL 16 2004

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Cooley Godward LLP

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Examiner Rachel L. Porter Art Unit 3626 U.S. Patent and Trademark Office	703-305-0108	703-305-7687 703-746-7277

FROM: Philip W. Marsh **PHONE:** (703) 456-8108 **REPLY FAX:** (703) 456-8100

RE: U.S. Patent Application Serial No. 09/487,361
GLOBAL RESERVATIONS TRANSACTION MANAGEMENT SYSTEM AND METHOD
Our Ref.: SYNC-001/01US (199278-2002)

NUMBER OF PAGES, INCLUDING COVER PAGE: 13	Client/Matter No.: 199278-2002
	Requestor #: 12457

MESSAGE:**FAX TRANSMITTAL**

Please find attached the following documents regarding U.S. Patent Application No. 09/487,361 (Atty. Docket No. SYNC-001/01US):

- ☒ Transmittal of Documents;
- ☒ Supplemental Reply and Amendment Under 37 C.F.R. §1.111

I hereby certify that this correspondence is being transmitted by facsimile addressed to Examiner Rachel L. Porter, Art Unit 3626, Facsimile Number 703-305-7687 (with courtesy copy to 703-746-7277), at United States Patent and Trademark Office, Arlington, VA 22202 on July 16, 2004.

By: 

Marvin L. Jefferson

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212120 v1/RE
4J_8011.DOC

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Attorney Docket No. SYNC-001/01US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of William GEOGHEGAN et al.

Serial No.: 09/487,361

Examiner: Rachel L. Porter

Confirmation No.: 3076

Art Unit: 3626

Filed: January 19, 2000

For: **GLOBAL RESERVATIONS TRANSACTION MANAGEMENT SYSTEM AND METHOD**

U.S. Patent and Trademark Office
220 20th Street S.
Customer Window, Mail Stop Amendment
Crystal Plaza Two, Lobby, Room 1B03
Arlington, VA 22202

TRANSMITTAL OF DOCUMENTS

Enclosed are the following for the above-identified application:

[x] Supplemental Reply and Amendment Under 37 C.F.R. §1.111

The fees have been calculated as shown below:

Attorney Docket No.: SYNC-001/01US

Application Serial No.: 09/487,361

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FOR:	Claims after Amend.	Claims Prev. = Paid	Extra Claims ¹	Small Entity Rate	Fee	Other Than a Small Entity Rate	Fee	Total Claim Fee
Total Claims	25	21	4	\$9		\$18		\$36.00
Independent Claims	3	3	0	\$43		\$86		\$0.00
Multiple Dependent Claims Not Previously Presented				\$145		\$290		\$0.00
Other fees: (specify)								\$36.00
TOTAL								\$36.00

¹ If difference is negative, enter "0"; if Total Claims after amendment is 20 or less, enter 0; if Independent Claims after amendment is 3 or less, enter 0.

☐ A check for the total fee is attached.

☒ Please charge **\$36.00** to Deposit Account No. 50-1283 for the total fee. This paper is being submitted in duplicate.

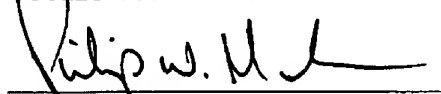
The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-1283.

Dated: July 16, 2004

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Respectfully submitted,
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212119 v1/RE
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